

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP		IND	DEP
1	21						51		1
2		1					52		1
3							53		1
4		1					54		1
5							55		1
6		5					56		1
7		1					57		1
8		1					58		1
9		1					59		1
10		1					60		1
11		1					61		1
12		1					62		1
13		1					63		1
14		1					64		1
15		1					65		1
16		1					66		1
17		1					67		1
18		1					68		1
19		1					69		1
20		1					70		1
21		1					71		
22		1					72		
23		1					73		
24		1					74		
25		1					75		
26	1						76		
27		1					77		
28		1					78		
29		1					79		
30		1					80		
31		1					81		
32		1					82		
33		1					83		
34		1					84		
35		1					85		
36		1					86		
37		1					87		
38		1					88		
39		1					89		
40		1					90		
41		1					91		
42		1					92		
43		1					93		
44		1					94		
45		1					95		
46		1					96		
47		1					97		
48		1					98		
49		1					99		
50		1					100		
TOTAL IND.							TOTAL IND.	2	
TOTAL DEP.	78						TOTAL DEP.	78	
TOTAL CLAIMS	80						TOTAL CLAIMS	80	